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## ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER	R: 141800016		CITY OR TOWN	WEST SPR	INGFIELD	
APPLICATION FOR RENEWAL:		Seasonal	LICENSED FOR 2013			
		CLASS			YEAR	
LICENSEE NAME:	AL & VAL INC					
DOING BUSINESS	A CHARLES DINER					
ADDRESS 218 Uni	on st					
CITY/TOWN: WE	ST SPRINGFIELD	STATE: MA	ZIP CODE:	01089		
	ANO, TYPE	OF LICENSE:Res	taurant CA	ATEGORY:	Wine and Malt Regular	
EMAIL ADDRESS:	:					
	PLEASE ALSO VISIT OUR WEBSI	TE AND ENTER YOUR EM	IAIL ADDRESS		1	
	LICENSED PREMISES					
	EXITS. 1ST FLR TOTAL		E 9216			
	swear under penalties of			1. 1		
	ved license will be of the		=			
	see has complied with all		_	taxes; and		
3. the premi	ises are now open for bu	siness (II not expia	in below)			
SIGNED BY: Individual, Partner or Authorized Corporate Officer						
DATE:	TELEPHONE NUMBER:		EMPLOYER IDENTIFICATION NUMBER:			
TELEPHONE		WINDLK.		ndividual Social Security Number)		
We the undersigned, attest that we are in possession (1) the certificate required by Chapter 304 of the Acts of 2004, signed by the building inspector and the head of the fire department for the above named license and (2) the certificate of liquor liability insurance required by Chapter 116 of the Acts of 2010.						
Please Check Below:			LOCAL LICENS	ING AUTHO	RITY	
APPROVED:			By:			
DISAPPROVED: [			•			
(If disapproved expl	ain)					
DATE:						

APPLICATION FOR RENEWAL MUST BE FILED BY LICENSEES DURING THE MONTH OF MARCH (M.G.L. Ch. 138 \$ 16A)



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## ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER:	141800027		CITY OR TOWN	WEST SPR	RINGFIELD	
APPLICATION FOR	RENEWAL:	Seasonal	LICENS	CENSED FOR 2013		
		CLASS			YEAR	
LICENSEE NAME:	NORTH GARDEN, IN	C				
DOING BUSINESS A	NORTH GARDEN					
ADDRESS 42 MYRO	N ST					
CITY/TOWN: WEST	SPRINGFIELD	STATE: MA	ZIP CODE:	01089		
MANAGER: Wong,	Ka Kin TYPE C	F LICENSE:Re	estaurant CA	ATEGORY:	All Alcohol	
EMAIL ADDRESS:						
PL	EASE ALSO VISIT OUR WEBSIT	E AND ENTER YOUR I	EMAIL ADDRESS		-	
DESCRIPTION OF LI	CENSED PREMISES:					
SEATING CAPACITY F ALLOCATED TO KITC			) SQ FT OF WHICH 70	00 SQ FT IS		
I hereby certify and sw	ear under penalties of p	erjury that:				
1. the renewed	l license will be of the s	same type for the	e same premises now	licensed;		
2. the licensee	has complied with all	laws of the Com	monwealth relating to	taxes; and		
3. the premise	s are now open for busi	ness (If not exp	lain below)			
SIGNED BY:						
	Individual, Partner or A	Authorized Corp	orate Officer			
DATE						
DATE:	TELEPHONE NUMBER:		EMPLOYER IDENTIFICATION NUMBER: (Note: NOT Individual Social Security Number)			
			(Note: NOT marvidual Social Security Number)			
Acts of 2004, signed l	attest that we are in p by the building inspec ) the certificate of liqu	tor and the hea	d of the fire departi	nent for the	above	
Please Check Below:			LOCAL LICENS	ING AUTHO	ORITY	
APPROVED:			By:			
DISAPPROVED:			•			
(If disapproved explain	1)					
			-			
DATE:						

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## ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER	:141800060		CITY OR TOWN	WEST SPRINGFIELD
APPLICATION FOR	RENEWAL:	Seasonal	LICEN	SED FOR 2013
		CLASS		YEAR
LICENSEE NAME: DOING BUSINESS ADDRESS 247 MEN		T, INC		
CITY/TOWN: WES	T SPRINGFIELD	STATE: MA	ZIP CODE:	01089
MANAGER: YE, Z	CUE LING TYPE	OF LICENSE:Re	estaurant C.	ATEGORY: All Alcohol
EMAIL ADDRESS:				
]	PLEASE ALSO VISIT OUR WEBS	SITE AND ENTER YOUR I	EMAIL ADDRESS	
DESCRIPTION OF I	LICENSED PREMISE	ES:		
	ITCHEN AND RESTAU			ND EXIT. LOADING
2. the license	ed license will be of the see has complied with all ses are now open for bu	ll laws of the Com	monwealth relating t	
SIGNED BY:	Individual, Partner or	r Authorized Corp	orate Officer	
DATE:	TELEPHONE	NUMBER:		R IDENTIFICATION NUMBER: lividual Social Security Number)
Acts of 2004, signed	by the building insp	ector and the hea	d of the fire depart	ed by Chapter 304 of the ment for the above Chapter 116 of the Acts
Please Check Below: APPROVED: DISAPPROVED:			LOCAL LICENS By:	SING AUTHORITY
(If disapproved expla	in)			
DATE:				



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## ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER	R: 141800062		CITY OR TOWN	WEST SPRIN	NGFIELD
APPLICATION FOR RENEWAL:		Seasonal	Seasonal LICENSED FOR 2013		
		CLASS		Y	EAR
LICENSEE NAME: DOING BUSINESS	FARONE, INC. A MAMMA MIA'S	PIZZERIA & RIST	ORANTE		
ADDRESS 60 PARI	K STREET				
CITY/TOWN: WE	ST SPRINGFIELD	STATE: MA	ZIP CODE:	01089	
	ARONE, TYF VATORE	PE OF LICENSE: Re	estaurant CA	ATEGORY: A	All Alcohol
EMAIL ADDRESS:					
	PLEASE ALSO VISIT OUR WI	EBSITE AND ENTER YOUR	EMAIL ADDRESS		
DESCRIPTION OF	LICENSED PREMIS	SES:			
	ses are now open for			o taxes; and	
DATE:		E NUMBER:	EMPLOYER	IDENTIFICATIO	
We the undersigne	d, attest that we are	in possession (1) the	(Note: <u>NOT</u> Indi	ividual Social Secu ed by Chapter	
			nd of the fire departr urance required by		
Please Check Below: APPROVED: DISAPPROVED: [(If disapproved explain	ain)		LOCAL LICENS By:	ING AUTHOR	RITY
DATE:					

APPLICATION FOR RENEWAL MUST BE FILED BY LICENSEES DURING THE MONTH OF MARCH (M.G.L. Ch. 138 \$ 16A)